



ILLINOIS NURSES ASSOCIATION

Empowering Nurses Through . . .

Education, Advocacy & Political Action

105 West Adams, Suite 1420, Chicago, Illinois 60603

911 South Second Street, Springfield, Illinois 62704

Please Print or Type all information except Signature

Employee Name	Position Title	Facility Name	Agency
Work Address		Bargaining Agent (if any) RC-23	
Work Phone		Home/Cell Phone	

Statement of Grievance and Relief Requested (including citation of alleged rule violations).

Signature of Grievant:

Step 1	Date Submitted		
	Date of Response		
	Employer Representative	Employee's Signature	
Step 2	Date Submitted	Response of agency head:	
	Date of Response		
	Response:	<input type="checkbox"/> Accepted	
		<input type="checkbox"/> Rejected	
	Manager's Signature	Employee's Signature	
Step 3a	Date Submitted	Response of CMS (where applicable):	
	Date of Response		
	Response:	<input type="checkbox"/> Accepted	
		<input type="checkbox"/> Rejected	
	Manager's Signature	Employee's Signature	
Arbitration (3b)	Date Submitted	Decision Award:	